

190

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth

Globe

County

Gila

No.

590 E. Cedar

St.

SEX OF CHILD*

Male

Twin
Triplet
or other?

and

Number
in order
of birth

DATE OF BIRTH*

Sept 24th 1915FULL
NAME

Phillips Scanavino

FULL
MAIDEN
NAME

Mary Scanavino

FATHER

MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Albert Jordan Scanavino

(Give name in full)

(Surname)

Mary Scanavino Phillips Scanavino

(Parent's Signature)

Dr. Kennedy (Deceased)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

126-924429